

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

053694

FILING DATE

7-2-79

APPLICANT(S)

Buechel, et al

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4	/		/		/	
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14	/		/		X	
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31		/		/		/
32		/		/		/
33	/		/		X	
34		/		/		
35		/		/		
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37		/		/		/
38		/		/		/
39	12		9		8	
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49						
50						
TOTAL IND.	10		17		15	
TOTAL DEP.	40		45		40	
TOTAL CLAIMS	50		62		55	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						